

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002862

STATE FILE NUMBER

AMENDED

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 19

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

NEWTON

b. CITY (If outside corporate limits, give TOWNSHIP only)

NEOSHO

Length of stay in lb

5 WKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

SALE MEM. Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY McDonald

c. CITY

OR

TOWN

ANDERSON

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
RT

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First JOSEPH

Middle hon

Last SEHLERS

4. DATE
OF
DEATH

Month 1

Day 29

Year 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-23-1879

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months 1 Days 6 Hours 0 Min. 0

IF UNDER 24 HR

Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

RET.

11. BIRTHPLACE (City and state or country)

ANDERSON, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

HEE SEHLERS

13b. MOTHER'S MAIDEN NAME

EMAHINE SHERER

14. NAME OF HUSBAND OR WIFE

BLANCH SEHLERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs BLANCH SEHLERS ANDERSON, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular accident

INTERVAL BETWEEN ONSET AND DEATH 2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Bronchitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-26-61 to 1-29-62 and last saw him alive on 1-29-62

Death occurred at 2:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-1-1962

23c. NAME OF CEMETERY OR CREMATORY

ANDERSON CEM

23d. LOCATION (City, town, or county)

ANDERSON Mo

(State)

24. FUNERAL DIRECTOR

Humphrey & Haines

ADDRESS

M. H.

25. DATE RECD. BY LOCAL REG.

2-6-62

26. REGISTRAR'S SIGNATURE

Melvin C. Bowman

By N. Belka

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Quincyville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.